# FAX

| TO: | FROM: |
|---|---|
| Commissioner for Patents, Mail Stop: | Peter P. Tong Ph: 650-903-9200, Fax: 650-903-9800 |

| COMPANY: | DATE: |
|---|---|
| United States Patent Office | 10/11/2010 |

| FAX NUMBER: | NO. OF PAGES (INCLUDING COVER): |
|---|---|
| 571-273-8300 | 49 |

| PHONE NUMBER: | SENDER'S REFERENCE NUMBER: 170 Cont2 |
|---|---|

| RE: | RECIPIENT'S REFERENCE NUMBER: 10/734,932 |
|---|---|

**NOTES/COMMENTS:**

Transmitted herewith are the following documents for entry into the above-noted patent application:

| | |
|---|---|
| Amendment Transmittal | 1 page |
| Amendment | 15 pages |
| Specifications without Abstract and Claims | 17 pages |
| Drawings | 10 pages |
| Form 1449 | 5 pages |

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  HO ET AL.

Application No.: 10/734,932

Filed: DECEMBER 12, 2003

Title:  COMPUTER-AIDED LEARNING
SYSTEM AND METHOD

Attorney Docket No.:  170 CONT2

Examiner:  LEIVA, FRANK M.

Group Art Unit: 3714

## AMENDMENT TRANSMITTAL

Commissioner for Patents
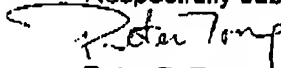P.O. Box 1450
Alexandria, VA  22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

|  | Claims After Amendment |  | Highest Previously Paid For | Present Extra | Small Entity Rate Fee | Large Entity Rate Fee |
|---|---|---|---|---|---|---|
| Total Claims | 22 | MINUS | 22 | 0 | x 26  = | x 52 = 0 |
| Independent Claims | 3 | MINUS | 3 | 0 | x 110 = | x 220 = 0 |
| Multiple Dependent Claim Present and Fee Not Previously Paid |  |  |  |  | $ | $ |
|  |  |  |  | Total | $0 | $0 |

☐    Applicant(s) hereby petition for a _____- month extension(s) of time to respond to the aforementioned Office Action.

☒    Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0727 (Order No. 170-Cont2 ).

☐    Enclosed is a Credit Card Payment Form for the amount of $_____ to cover the additional claim fee and/or extension of time fees.

☒    Please charge any additional fees required to facilitate filing the enclosed response, to Deposit Account No.  50-0727 (Order No. 170-Cont2 ).

Respectfully submitted,

Peter P. Tong
Reg. No. 35,757

Appln. No. 10/734,932

Atty. Docket No. 170 Cont2